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APPLICANTS
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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/ERMA C CAMERON/ Examiner's Signature	Initials	NB	0	30	2

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TITLE
 Wood treating formulation

FILING FEE RECEIVED 830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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